

Insurance Addendum



Co-pay versus Co-insurance

Co-pay: this is a dollar amount that the insurance company requires you to pay each time you visit. Co-pays generally range from \$15-35 and are paid at the time of the session.

Co-insurance: Co-insurance is usually a percentage of the medical charges that the insurance company makes the client pay. **The Co-insurance is separate from the Co-pay.** This is confusing to some people especially if they also have both a co-pay and co-insurance, or if they used to have 100% coverage in the past. Few plans cover 100% now, and it is becoming more common for insurance plans to require patients pay a co-pay at the time of the visit, and then pay a portion of the remainder of the therapist's bills at a later date (co-insurance).

Why the delay in billing?

Some people are confused when they receive a bill from us months after the visit. They feel that too much time has passed and that there must be a mistake. Of course, a mistake is always possible, but the reason for the delay is usually this: the therapist sees the client and sends a bill to the insurance company. This bill is called a HCFA form (old form) or CMS-1500 (new form) and contains codes for the procedures, the diagnoses and the therapist's charges. The insurance company can take 30 days or even months to pay the therapist for the charges. When the insurance company pays, it sends an EOB (Explanation of Benefits) to the therapist and the client. If the EOB indicates that the client is responsible for a portion of the therapist's charges, then the therapist's office will generate a bill for the client. Since many small therapist's offices send out bills only once per month, it may take a while before a client receives the bill from the therapist. **Be aware, that you should receive an EOB from the insurance company explaining what you owe and that the decisions about what you owe are generally made by the insurance company and not the therapist's office.**

How this affects you

You are responsible for any and all co-pays (if applicable) at the time of each session. If you also have co-insurance you will be billed at a later date for the remaining amount.

By your signature below, you are indicating that you have read and understood this statement, and/or any questions you have about this statement have been answered to your satisfaction.

Client's Signature _____ Date _____

Therapist's Signature _____ Date _____